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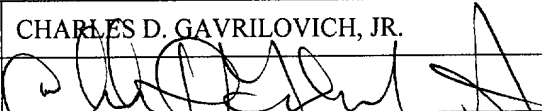
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.	AUDIOPH1100		
Client Matter Number	105549-165647		
First Inventor or Application Identifier:	Kenton Michael Fuqua		
Title:	Apparatus, System And Method For Capturing Sound		
Express Mail Label No.:	EL617044231US		
Application Elements (See MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, & duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>34</u>] (preferred arrangement set forth below) <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>8</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment (____ pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent 18. <input checked="" type="checkbox"/> OTHER: Check # 497117 (\$841.00) & Appendix A (50 pgs.)	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: ____ Prior application information. Examiner: _____ Group/Art Unit: _____			
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below			
NAME		ATTN: Terrance A. Meador GRAY CARY WARE & FREIDENRICH	
ADDRESS		4365 Executive Drive, Suite 1100 San Diego, CA 92121-2133	
Direct Telephone: 858/638-6747		Patent Group Fax No.: 858/638-6727	
Name (print/type)	CHARLES D. GAVRILOVICH, JR.	Registration No.:	41,03
Signature		Date	January 3, 2002

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FEE TRANSMITTAL

Attorney Docket No.	AUDIOPH1100
First Named Inventor:	Fuqua
Application Number	Unknown
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

TOTAL AMOUNT OF PAYMENT:	\$841.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No : 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 370.00
Total Claims	63 - 20 =	43	X \$ 18.00	X \$ 9.00	\$ 387.00
Independent Claims	5 - 3 =	2	X \$ 84.00	X \$ 42.00	\$ 84.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 841.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	CHARLES D. GAVRILOVICH, JR.	Registration No.: (Attorney/Agent)	41,031
Signature		Date	January 3, 2002

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